

POSTERS PRESENTATIONS

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Nurses' research in Hepatology

FRI-001

A six month follow-up study to determine the clinical utility and patient acceptability of fibroelastography in detection and treatment of alcohol-related liver disease

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Background and Aims: It is axiomatic that all alcohol-related death is preventable. Furthermore, 1/3 of all deaths from liver disease are attributed to alcohol, and these deaths are increasing. One reason for this is that alcohol-related liver disease (ARLD) remains under-recognised and undertreated. We suggest that early detection by means of fibroelastography (FE) in alcohol treatment clinics (ATC) is an ideal opportunity for early detection of ARLD in a high risk population with no previous diagnosis.

Aim: To determine the clinical utility and patient acceptability of FE to identify the presence of liver fibrosis.

Method: An observational prospective clinical audit. The primary outcome was to detect the presence of fibrosis using FE, and a secondary outcome was to measure FE change over time related to alcohol consumption. Patients were also asked to complete a satisfaction survey including a question "Did knowing your fibroscan result encourage you to reduce or stop drinking". Participants: Acute hospital, ATC patients attending for treatment of an alcohol-use disorder with no previous history of ARLD.

Results: Of the 428 patients screened Dec 2015 – Sept 2017; 314 had no evidence for fibrosis with a Kpa score <8, 47 had a score ≥8 and <12, 19 had a score ≥12, <19.4 and 48 had a score ≥19.5. Sixty-three participants had FE at baseline and six month follow-up. At baseline, patients had an average daily consumption of 18.2 (SD = 10.5) UK units and a mean FE result of 11.9Kpa (SD = 11.9); F0-1 = 30, F1-2 = 15, F2-3 = 7, F3-4 = 11. At six months, there was a positive relationship between units consumed and FE result, such that a reduction in units was associated with a decrease FE score (B = 0.36, 95%CI = 0.16 to 0.57; p = 0.01). Of 120 patients surveyed 117 stated that knowing the FE score helped motivate them to reduce their drinking.

Conclusion: Nurse-led ATC setting is a valuable and effective setting for the early detection of ARLD utilising FE. Importantly, we identified 67 patients with an FE score consistent with cirrhosis and no previous history of ARLD. Furthermore, reductions in alcohol consumption were associated with reductions in fibrosis. The FE score is therefore potentially useful as an objective measure for comparisons over time, and perhaps more importantly is a useful clinical tool for patient feedback in motivation to reduce/stop drinking, and provides objective evidence for the positive effects of alcohol reduced drinking.

FRI-002

Pilot study: Evaluation of the role of the coordinating nurse in the management of patients with hepatocellular carcinoma and treated with chemoembolization

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Background and Aims: Hepatocellular carcinoma is a significant public health problem with an annual incidence of 16.4/100,000 adults. In a context of constant healthcare adaptation, the management of these patients has been revamped. The notion of "care pathway" has been introduced and led to the creation of new positions such as complex care pathway coordinating nurses. We wanted to determine whether the presence of the coordinating nurse improves care efficiency for patients with hepatocellular carcinoma treated with chemoembolization.

Method: A comparative and retrospective cohort pilot study was carried out in two french university hospitals. The coordinating nurse position was effective in center A but not in center B. Clinical and coded medical data from 107 patients with hepatocellular carcinoma and treated for the first time with trans-arterial chemoembolization (TACE) between January 1st, 2015 and January 31st, 2015 were collected (center A: 62/center B: 45). Center A was using two different approaches for TACE (DC Beads and lipiodol), whilst center B only lipiodol TACE. There was no significant difference observed regarding tumor features: the average tumor size was 4.68 ± 3.08 cm in center A and 3.60 ± 3.56 cm in center B. The average number of nodules was 2.95 ± 2.01 in center A and 2.47 ± 1.46 in center B. All treated patients were Child A or B7. Higher proportion of Child B patients were observed in center B compared to center A (37.8% and 19.4% respectively).

Results: Univariate then multivariate analysis, adjusted for possible confounding factors such as disease stages, showed that the average length of stay in hospital of patients hospitalized for their treatment was significantly shorter in the center with coordinating nurses: 2.98 ± 1.91 days in center A vs. 4.67 ± 4.25 days in center B (p = 0.01). There was no significant difference for re-admissions and early emergencies. No differences were observed regarding tumor features, patients' characteristics or treatment approaches.

Conclusion: The anticipation and regulation missions of the coordinating nurse may contribute to improving care efficiency. However, a center effect cannot be excluded. These results will be confirmed by a planned prospective multicentric study. Interesting results from such studies can promote the nursing role in our health system while the position of advanced practice nurse soon to be implemented in France.

